



City Summary Crash Report

1/1/2015 to 12/31/2015

City : Mark | *See Notes at End of Report.

Mark	Number Of Crashes						Injury Severity				
	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
WEATHER CONDITION											
Clear	1	0	1	0	2	0	1	0	1	0	0
Fog/Smoke/Haze	1	0	0	1	1	0	0	0	0	0	1
Rain	1	0	0	1	2	0	0	0	0	0	1
TOTALS	3	0	1	2	5	0	1	0	1	0	2
TYPE OF CRASH											
Animal	1	0	0	1	1	0	0	0	0	0	1
Parked Motor Vehicle	2	0	1	1	4	0	1	0	1	0	1
TOTALS	3	0	1	2	5	0	1	0	1	0	2



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CLASS OF CITY											
0 TO 2,500	3	0	1	2	5	0	1	0	1	0	2
TOTALS	3	0	1	2	5	0	1	0	1	0	2
ROAD SURFACE CONDITION											
Dry	2	0	1	1	3	0	1	0	1	0	1
Wet	1	0	0	1	2	0	0	0	0	0	1
TOTALS	3	0	1	2	5	0	1	0	1	0	2



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		Fatal	Injury	Property Damage	Killed		Injured	A	B	C	O	
CLASS OF TRAFFICWAY												
County & Local Roads Rural		1	0	0	1	2	0	0	0	0	0	1
State Numbered Rural		2	0	1	1	3	0	1	0	1	0	1
TOTALS		3	0	1	2	5	0	1	0	1	0	2
DAY OF WEEK												
Sunday		1	0	1	0	2	0	1	0	1	0	0
Wednesday		1	0	0	1	2	0	0	0	0	0	1
Friday		1	0	0	1	1	0	0	0	0	0	1
TOTALS		3	0	1	2	5	0	1	0	1	0	2



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TIME OF DAY											
07 AM	2	0	1	1	3	0	1	0	1	0	1
3 PM	1	0	0	1	2	0	0	0	0	0	1
TOTALS	3	0	1	2	5	0	1	0	1	0	2



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LIGHT CONDITION											
Dawn	1	0	1	0	2	0	1	0	1	0	0
Daylight	2	0	0	2	3	0	0	0	0	0	2
TOTALS	3	0	1	2	5	0	1	0	1	0	2
ROAD DEFECTS											
No Defects	3	0	1	2	5	0	1	0	1	0	2
TOTALS	3	0	1	2	5	0	1	0	1	0	2



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	Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
TRAFFIC CONTROL											
No Controls	2	0	0	2	3	0	0	0	0	0	2
Stop Sign/Flasher	1	0	1	0	2	0	1	0	1	0	0
TOTALS	3	0	1	2	5	0	1	0	1	0	2
ROADWAY FEATURE											
Not Applicable	3	0	1	2	5	0	1	0	1	0	2
TOTALS	3	0	1	2	5	0	1	0	1	0	2



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Mark	Number Of Persons				Property Damage	Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury						A	B	C	O
DRIVER CONDITION												
Had Been Drinking	1	0	1	0	1	0	1	0	1	0	0	
Normal	2	0	0	2	2	0	0	0	0	0	2	
TOTALS	3	0	1	2	3	0	1	0	1	0	2	



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		Total	Fatal	Injury	Property Damage	Total Vehicles	Total Killed	Total Injured	A	B	C	O
DRIVER AGE/GENDER												
19												
	Female	1	0	1	0	1	0	1	0	1	0	0
35-39												
	Male	1	0	0	1	1	0	0	0	0	0	1
40-44												
	Female	1	0	0	1	1	0	0	0	0	0	1
TOTALS		3	0	1	2	3	0	1	0	1	0	2

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	Number Of Persons					Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury	Property Damage					A	B	C	O
PEDALCYCLIST AGE/GENDER												

Mark	Number Of Vehicles					Total Vehicles	Total Killed	Total Injured	Injury Severity			
	Total	Fatal	Injury	Property Damage					A	B	C	O
VEHICLE DEFECTS												
None	3	0	1	2	3	0	1	0	1	0	2	
Unknown	2	0	1	1	2	0	0	0	0	0	0	
TOTALS	5	0	2	3	5	0	1	0	1	0	2	
VEHICLE TYPE												
Passenger	2	0	0	2	2	0	0	0	0	0	2	
Pickup	1	0	0	1	1	0	0	0	0	0	0	
SUV	2	0	2	0	2	0	1	0	1	0	0	
TOTALS	5	0	2	3	5	0	1	0	1	0	2	

Notes

Calendar data selections include data based on the date of the crash. Year selections include data based on the Statistical year in which the crash was processed